



**Testimony of the Connecticut Children's Medical Center
to the Committee on Children regarding
*Senate Bill 24 An Act Concerning the Governor's Recommendations Regarding Electronic Nicotine
Delivery Systems and Youth Smoking Prevention and
Senate Bill 48 An Act Concerning Nutrition Standards for Child Care Settings*
February 27, 2014**

Senator Bartolomeo, Representative Urban, members of the Committee on Children, thank you for the opportunity to share my thoughts about *Senate Bill 24 An Act Concerning the Governor's Recommendations Regarding Electronic Nicotine Delivery Systems and Youth Smoking Prevention and Senate Bill 48 An Act Concerning Nutrition Standards for Child Care Settings*. My name is Dr. Michelle Cloutier, and I am the Director of the Asthma Center and the leader of the Hartford Childhood Wellness Alliance at the Connecticut Children's Medical Center and a Professor of Pediatrics at the University of Connecticut School of Medicine. I am submitting this testimony as a pediatrician and lung specialist in support of these two proposed bills.

E-cigarettes were ostensibly designed to feed people's nicotine addiction without the other toxic substances in conventional cigarettes. While there is debate about the purpose of e-cigarettes, there are a number of important facts. The first is that smoking remains the single biggest cause of preventable death in the United States (followed closely now by obesity). Cigarettes are the only known product that, when used as intended, make people sick. Most smokers today started in adolescence and most are unable to quit by the time they are 18 years of age. Here in Connecticut, 12% of middle school children and 37% of high school youth have tried smoking.

E-cigarettes have made smoking attractive to young people and are being marketed to young people. Celebrities use them and they come in flavors like cherry, vanilla or cola. In my opinion, E-cigarettes are a gateway to traditional cigarettes for young people. E-cigarettes are also being advertised to youth and smoking is once again being made to appear attractive, cool and sexy. "Blu e-cigarettes look and taste like a real cigarette. Make the switch to Blu today." Young people are not using e-cigarettes to quit smoking but as a starting product to smoking. The health hazards of e-cigarettes are not known. Nicotine has no known health benefit and the vehicle, propylene glycol, is a potential lung irritant, the long term consequences of which are not known. Preventing smoking is the most effective strategy to decrease smoking rates in Connecticut and in youth and restricting access is one step to achieving that goal. I urge you to support this bill to limit access to electronic nicotine delivery systems and all efforts to prevent smoking in youth.

Turning now to Senate Bill 48, despite the report 3 days ago from the Centers for Disease Control and Prevention about the significant decrease in obesity rates in young children (from 14% to 8%), rates of overweight and obesity in preschool children in Hartford and in Connecticut, as recently as 2012, remain

high. The reasons for this recent decline in national rates are not known, but it is clear that more attention is being paid to weight in young children today as compared to 15 years ago. A 2014 study in the *New England Journal of Medicine* demonstrated that early childhood (before 5 years of age) is the time period associated with the most rapid increases in Body Mass Index (BMI), a measure of weight for height. Known risk factors for overweight and obesity in young children include consumption of sugar sweetened beverages, juice and whole milk. This bill will bring our child care centers in line with the American Academy of Pediatrics (AAP) very clear recommendations on sugar sweetened beverages (SSBs), juice and milk consumption in young children. Namely, no juice or SSB should be offered to children less than 6 months of age. Children over 6 months of age should consume no more than 6 ounces of 100% fruit juice a day. For milk, unless medically indicated, children over 2 years of age should consume no more than 16 ounces of 1% or 2% milk per day.

These recommendations should be implemented in our child care centers. Sugar sweetened beverages have no nutritive value and are empty calories. When consumed, they do not replace other calories but rather add on to the caloric content of a meal. There is no reason for SSBs to be served in child care centers. Water is an excellent replacement. Limiting juice and eliminating SSB consumption, coupled with a reduction in the fat content and volume of milk consumed beginning at 2 years of age could be a major step in the prevention of childhood obesity. A study that we conducted at Connecticut Children's Medical Center involving children 2-4 years of age demonstrated that reducing juice intake and changing to no more than 2 cups a day of 1 percent milk, according to the recommendations of the AAP, were effective in blunting the BMI trajectory in young children. These measures are simple and right for our children.

Thank you for your consideration of our position. If you have any questions about this testimony, please contact Jane Baird, Connecticut Children's Director of Government Relations, at 860-837-5557.